

TENNESSEE EMPLOYEES CHARITABLE CAMPAIGN CERTIFICATION APPLICATION

Please read the *Tennessee Employees Charitable Campaign Guidelines* located on the Department of Human Resources Website prior to completing the Certification of Eligibility Application and the Organization Information (Attachment A). Complete all documentation with attachments labeled as requested.

Submit the Certification of Eligibility, Organization Information (Attachment A), and additional attachments to the address below:

**Tennessee Employees Charitable Campaign
First Floor, James K. Polk Building
505 Deaderick Street
Nashville, Tennessee 37243-0635**

Please note the date of your signature and the notary's must match to be processed.

Should you have any questions regarding the application process, please contact the Tennessee Department of Human Resources at 615-770-1185.

Applications must be postmarked by midnight on:

FRIDAY, MARCH 31, 2017

TENNESSEE EMPLOYEES CHARITABLE CAMPAIGN CERTIFICATION OF ELIGIBILITY

An authorized agent of the applicant federation or independent charitable organization must complete this certification form. The Commissioner of the Department of Human Resources shall deny participation to any charitable organization providing incomplete information or information containing a material misrepresentation of fact on this Certification of Eligibility form and/or its attachments.

Please check one: Federation _____ or Independent Charitable Organization _____

Organization's Registered Name _____

TN Charitable Solicitations and Gaming Registration Number _____ Expiration Date _____

Executive Director's Name _____

Contact Person _____ Title _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Toll-Free Number _____

Fax Number _____ E-mail Address _____

Website Address _____ Employer I.D. Number _____

CHECK BELOW TO CERTIFY ADHERENCE TO TECC GUIDELINES:

1. ____ I hereby certify that the applicant organization listed above:
- a. Is a charitable organization as defined by the TECC Guidelines, physically located in Tennessee, that directly provides significant services* to Tennesseans; and/or
 - b. Provides substantial financial support to charitable organizations, as defined by the TECC Guidelines, that have a direct and substantial presence operating through a physical office located in Tennessee and provides significant services* that are available to Tennesseans.

(Complete **Attachment A, Section A** – provided.)

**See TECC Guidelines, Section I: Definitions, Significant Services and Substantial Financial Support.*

2. ____ I hereby certify that the applicant organization listed above has maintained a physical office in the State of Tennessee for at least 12 months prior to the date of this application.

(Complete **Attachment A, Section B** - provided.)

3. ____ I hereby certify that the applicant organization has a Board of Directors that meets at least quarterly and a majority of the members serve without compensation and reside in Tennessee.

(Complete **Attachment B** - provided.)

4. ____ I hereby certify that the applicant organization listed above is non-profit and tax-exempt as defined by 26 U.S.C. § 501(c)(3) and 26 C.F.R. § 1.501(c)(3).

(Attach a copy of the letter from IRS as **Attachment C.**)

5. ____ I hereby certify that the applicant organization listed above is registered and is currently in good standing with the Tennessee's Secretary of State, Division of Charitable Solicitations and Gaming.

(Attach a copy of verification from Division of Charitable Solicitations as **Attachment D.**)

6. ____ I hereby certify that the applicant organization's financial information provided with the TECC application and any supplemental information provided thereto is current and conforms to Generally Accepted Accounting Principles, an Accrual Accounting method or a Cash Basis of Accounting method.

Please check the type of financial information you have attached for review and verification:

Check	Gross Revenue	Financial Documentation	Date Requirement
	Less than \$25,000.00	Certified Treasurer's Report	Most recent completed fiscal year
	\$25,000.00 to less than \$300,000.00	Copy of IRS Form 990, 990EZ, or 990N	Most recent completed fiscal year
	\$300,000.00 or more	Audited Financial Statement	Most recent completed fiscal year

(Attach a copy of the appropriate financial documentation as designated above as **Attachment E**.)

7. ____ I hereby certify that the applicant organization's use of funds for any lobbying activities shall comply with the provisions described in 26 U.S.C. § 501(c)(3).

8. ____ I hereby certify that the applicant organization listed above does not knowingly employ individuals or contribute funds to entities or persons that appear on either the U.S. Department of Treasury's Office of Foreign Assets Control's Specially Designated Nationals List or the U.S. Department of State's Terrorist Exclusion List. Should any change in circumstances pertaining to this certification occur at any time, the organization shall notify the Commissioner of the Department of Human Resources immediately.

9. ____ **(For Federations Only)** I hereby certify that any branch office or chapter for which the applicant organization requests a separate identification number in the campaign brochure has a local advisory governing board as defined in TECC Guideline 10.

10. ____ **(For Federations Only)** I hereby certify that fiduciary relationships and agreements exist between the applicant federation and all member charitable organizations. I further certify that any dispute regarding disbursement of donations to the member charitable organizations shall be resolved without involvement of the State of Tennessee. I also understand that the State's obligation is strictly limited to the payment of properly deducted designated contributions to the federation.



I certify with my signature below that this organization's information is accurate and complete to the best of my knowledge. I understand that the submission of information containing a material misrepresentation of fact shall result in my organization's exclusion from the Tennessee Employees Charitable Campaign.

I understand that the TECC may ask me to clarify information and/or to provide any additional information the TECC may need to determine eligibility. I understand that admission and participation in the TECC in no way guarantees that any state employee will donate funds to my organization.

By: _____

Signature

Print Name

Title

Date

Sworn to and subscribed before me this

___ day of _____, 20___.

Signature Notary Public

My Commission Expires: _____

Section B:

1. How many years has the federation or independent charitable organization been in operation?

2. How many years has the federation or independent charitable organization been in operation in Tennessee with an office physically located in this state? _____

Section C:

1. From what sources do you receive funds? (i.e., fund raising, grants, etc.)

2. Indicate the total funds received for the last fiscal year. _____
3. Identify your organization's total budget expenses. Indicate below the percentages by category of your total budget. The total of all percentages must equal 100%.

a. Community Services _____%	e. Administrative* _____%
b. Public Education _____%	Other: (please explain below)
c. Patient Services _____%	f. _____%
d. Research _____%	g. _____%

*See TECC Guidelines, Section I: Definitions, Administrative Expense Percentage.

I, _____, state that this organization's information is accurate and complete to the best of my knowledge. I understand that the TECC may ask me to clarify information and that the submission of information containing a material misrepresentation of fact shall result in my organization's exclusion from the Tennessee Employees Charitable Campaign.

Signature and date _____

Print Name _____

Title _____

ATTACHMENT B (Certification Application)

Organization Name: _____

BOARD OF DIRECTORS

Board Member		Receives Compensation (Please indicate below for each)		Resident of Tennessee (Please indicate below for each)	
Name	Title	Yes	No	Yes	No

Does your Board of Directors meet at least quarterly? Yes ____ No ____ How many times does it meet annually? _____

Note: You may duplicate this form, if needed, for additional listings. List of Board Members MUST be placed on this form.